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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION			Attorney Docket Number First Named Inventor	LUYIN ZHAO	
			COMPLETE IF KNOWN		
(37 CFR 1.63)		Application Number	1		
	OR	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date		
			Group Art Unit		
			Examiner Name		

As a below named inventor, I hereby declare that:											
My residence, post office	address, and citizenship a	are as stated below next to	o my name.	•							
I believe I am the original, fin are listed below) of the subje	st and sole inventor (if only on ict matter which is claimed and	e name is listed below) or an I for which a patent is sought	original, first and jo on the invention en	int inventor (if plure stitled:	al names						
EXAMPLE-BASE	DIAGNOSIS DECIS	SION SUPPORT									
the specification of which	(Title of th	a Invention)									
is attached hereto											
OR											
was filed on (MM/DD/	mm)	es United States App	plication Number o	PCT International							
Application Number and was amended on (MM/DD/YYYY) (if applicable).											
I hereby state that I have review specifically referred to above.	wed and understand the conte	ints of the above identified spo	ecification, including	g the claims as am	ended						
I acknowledge the duty to disci- applications, material information international filing date of the co	on which became available be	tween the filing data of the pr									
I hereby claim foreign priority between a rights certificate(s), of States of America, listed below breeder's rights certificate(s), of claimed.	or 385(a) of any PCT internati rand have also identified belo	ional application which design w. by checking the box any fo	nated at least one preign application(s	country other than	the United or's or plant						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?							
				YES	NO						
			Ш								
Additional foreign applicati	on numbers are listed on a su	pplemental priority data sheet	PTO/SB/02B attac	ched hereto:							

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Palent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application Customer Number Direct all correspondence to: Correspondence address below *24737* OR or Bar Code Label Philips Electronics North America Corporation Name P.O. BOX 3001 Address NY 10510 **BRIARCLIFF MANOR** ZIP City State (914) 945-6000 (914) 332-0815 U.S.A. Telephone Fax Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Family Name ZHAO Given Name Luyin or Sumame (first and middle [if any]) inventor's Date _ 8/6/2004 Signature V. White Plains NY USA China Citizenship Residence: City State Country 4 Martine Avenue, #519 Mailing Address NY White Plains 10608 USA Zip City State Country A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Family Name Given Name or Surname (first and middle [If any]) Inventor's Date Signature Country Residence: City Citizenship State Mailing Address City Zip State Country

Additional inventors are being named on the

supplemental Additional Inventor(s) sheat(s) PTO/SB/02A attached herato.